

516



0000059854

SENDER:

- Complete items 1, 2 and 3.
- Indicate if restricted delivery is desired.
- Indicate zip code and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following service (for an extra fee):

Restricted Delivery

Consult postmaster for fee.



7180 4442 0100 0000 4599

1. Article Addressed to:
AZ Reporting Service RECEIVED
2627 N. Third Street, Suite 3
Phoenix, AZ 85004-1104
OCT 28 A 10:53

AZ CORP COMMISSION
DOCUMENT CONTROL

3. Service Type CERTIFIED

Date of Delivery

10-27

Enter delivery address if different than item 1.

Received By: (Print Name)

JAMIE BARRETT

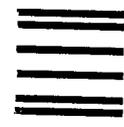
Signature (Addressee or Agent)

Jamie Barrett

RR-03639A-03-0747

PS Form 3811

DOMESTIC RETURN RECEIPT



UNITED STATES POSTAL SERVICE

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10



Arizona Corporation Commission
 1200 West Washington - Hrg Div./Docket
 Phoenix, Arizona 85007-2996